

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		17 8-24-94
EXAMINER	340	8-30-94
TYPIST	8F 356	8-30-94
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Final	Original	Date
1	10	10	10
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40	49	49	49
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- +
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
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